
NERVE CONDUCTION STUDY/ELECTROMYOGRAM REFERRAL REQUEST

- ❖ Patient flyer available to print at www.oregonneurology.com. Click the tab "Prepare for Your Visit". Click on NCV/EMG and this will take you to the flyer to print.

Patient Name: _____ DOB: _____

Patient Contact Number: _____

Ordering Physician: _____ Phone: _____ Fax: _____

Clinical Information: _____

Diagnosis: _____

- URGENT
- ROUTINE

Type of Study:

Circle

- | | | | |
|--|-------|------|-----------|
| <input type="checkbox"/> Cervical Pain | Right | Left | Bilateral |
| <input type="checkbox"/> Carpal Tunnel/Median Neuropathy | Right | Left | Bilateral |
| <input type="checkbox"/> Lumbar radiculopathy | Right | Left | Bilateral |
| <input type="checkbox"/> Neuropathy | Right | Left | Bilateral |
| <input type="checkbox"/> Ulnar Neuropathy | Right | Left | Bilateral |
| <input type="checkbox"/> Other _____ | Right | Left | Bilateral |
-

CC reports to other Providers: _____

Telephone report requested: Yes ____ Backline number: _____

PLEASE FAX DEMOGRAPHICS AND CHART NOTES WITH THIS REFERRAL REQUEST